



An Equal Opportunity Employer
3131 Gov John Sevier Highway, Knoxville, TN 37914
Phone: (865) 637-2135 / Fax: (865) 637-4762

Print Full Legal Name: Last First Middle

Current Address: Street Apt City, State, Zip Code

Telephone: Home Mobile Other (Provide at least one phone number where you can be reached.)

Email: Position Applying For:

Who Referred You? () Superior Employee () Employment Agency

() Walk-In () Newspaper (Name of Newspaper) () Internet (Name of Internet Service/Website) () Other

APPLICANTS MUST READ AND SIGN BELOW (If Contacted for An Interview)

I hereby authorize Superior Pavement Marking, Inc. hereafter referred to as "Superior" to investigate my past employment, education, criminal background history, credit history, driving record, medical history, worker's compensation history, military service, and other matters as may be necessary in arriving at decisions relating to my employment.

I understand that current and/or previous employers will be contacted for the purpose of investigating my records. In particular, I authorize Superior to seek information concerning my criminal background history, my driving history, my safety performance history, and my participation in-and results of employer drug and alcohol testing (including refusals) in accordance with Federal Motor Carrier Safety Regulations (FMCSR).

Should I become a Superior employee, I acknowledge the requirement of periodic inquiries into my FMCSR-related records during and after my period of employment. Accordingly, I extend my consent and release of liability for damages regarding persons or organizations involved in sharing my FMCSR records during and beyond my period of employment.

I acknowledge that Superior seeks to hire-without discrimination-only lawful workers. I hereby confirm my eligibility for legal employment within the U.S. and I understand that my identification and my eligibility for legal employment within the U.S. will be verified with the U.S. Department of Homeland Security and the Social Security Administration.

I understand that I am entitled to a statement of my rights under the Fair Credit Reporting Act. I understand that information regarding sex, race and date of birth is requested in compliance with federal and state laws and will not be used to discriminate against me.

I certify to the accuracy and completeness of all information I provide in this application and during any subsequent interview(s). I understand that providing false or misleading information may result in a rejection of my application or a termination of my employment and associated benefits in the event that I am employed with Superior. Finally, I understand that I am required to abide by all of Superior's rules and regulations.

Applicant's Signature (If contacted for an interview) Date of Application

PREVIOUS RESIDENCY

Required: List all of the physical addresses at which you have resided during the past three (3) years prior to your current address. Continue on an additional sheet if necessary.

(Previous Street Address) (Previous City) (Previous State & Zip Code) (How Long?)

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EMPLOYMENT RECORD

EMPLOYMENT WITH SUPERIOR:

Yes No Have you ever applied here before? If Yes, when _____

Yes No Have you worked for this company before? Is Yes, _____ to _____
(Month/Year) (Month/Year)

If you went by another name while employed with us, what was it? _____

Yes No Do you know any current Superior Employees? If Yes, who? _____

Yes No Are any of them relatives? If Yes, who? _____

OTHER EMPLOYMENT:

Yes No Are you currently employed? If No, how long since your last employment? _____

Yes No Do you have the legal right to work in the United States? _____

Yes No Do you have any felony convictions? If yes, please explain and include approximate date(s):

We may run background checks and honesty counts. Circumstances of convictions can be considered if listed here. Ask for additional paper if needed.

Yes No Can you drive a manual or "stick" shift?

Yes No Do you understand what a "CDL" is and what is required to get one?

Yes No Do you have a CDL?

IMPORTANT: The U.S.D.O.T requires driver applicants to **show all employment for the past 3 years and all commercial driving employment for the past 10 years.** FMCSR § 391.21 (b)(1D),(11). Please begin with your most recent employer and continue on additional paper if necessary. *You may request additional paper if required.*

CURRENT OR LAST EMPLOYER:

NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 SUPERVISOR: _____ PHONE: _____

From: _____
 Month _____ Year _____

Until: _____
 Month _____ Year _____

POSITION HELD: _____
 SALARY/WAGE: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER:

NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 SUPERVISOR: _____ PHONE: _____

From: _____
 Month _____ Year _____

Until: _____
 Month _____ Year _____

POSITION HELD: _____
 SALARY/WAGE: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER:

NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 SUPERVISOR: _____ PHONE: _____

From: _____
 Month _____ Year _____

Until: _____
 Month _____ Year _____

POSITION HELD: _____
 SALARY/WAGE: _____

REASON FOR LEAVING: _____

The U.S.D.O.T. requires driver applicants to pass certain physical test before they are hired to drive for a motor carrier. FMCSR § 391(E).

Date of last Department of Transportation prescribed physical examination: _____

Date of Birth: _____ Social Security Number: _____
(The US DOT requires driver applicants to state their date of birth and provide their Social Security Number)

DRIVER'S LICENSE:

	State	License Number	Expiration Date	Type	How Long?
Unexpired Driver's License					

- Yes No A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
- Yes No B. Has any license, permit or privilege been suspended or revoked?
- Yes No C. Have you ever been disqualified for violations of Federal Motor Carrier Safety Regulations?

A, B and C above must be answered. If Yes to any of these questions, please explain facts/circumstances involved and include approximate dates:

ACCIDENT REVIEW FOR THE PAST 3 YEARS

- Yes No Have you had an accident in the past 3 years?

If Yes, please complete the following questions and provide details of the accident on an additional sheet of paper.

Date	Nature of Accident (Head-On, Rear-End, etc)	Ticketed	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING TICKETS)

Below, please list any traffic violations during the past three years which resulted in a conviction or forfeiture.

We check driving records and honestly counts. Circumstances of convictions can be considered if listed here.

Dates	Location	Charge	Penalty

TYPES OF VEHICLES DRIVEN

EQUIPMENT CLASS	TYPE OF EQUIPMENT (Van, Tank, Flat, Dump, etc)	FROM	TO	APPROXIMATE TOTAL MILES
Straight Truck				
Tractor/Semi-Trailer				
Twin Trailers				
Other Equipment				

In the past 5 yrs, I have driven the above equipment in the following states:

- Check here if you have not had experience driving equipment like the type listed above.

Please list any Special Driver-Related Courses and / or Training Undertaken

Please list any Safe Driving Awards Held and Awarding Organization

EDUCATION

Highest Grade Completed: High School _____ Did you graduate? _____

College: _____ Degree: _____

Last school attended _____
Name Address

EXPERIENCE AND QUALIFICATIONS

Indicate (v) training and experience in the following areas

Years	Years	Years
() _____ Road/Pavement marking	() _____ Military Experience	() _____ Steel Work
() _____ Road Construction	() _____ Automotive Repair	() _____ Landscape
() _____ Other Construction (non-road)	() _____ Engine Repair	() _____ Farming
() _____ Forklift	() _____ HVAC	() _____ Machine Operation
() _____ Plumbing	() _____ Carpentry	() _____ Equipment Operation
() _____ Electrical	() _____ Painting	() _____ Admin/Clerical
() _____ Welding	() _____ Concrete/Flat Work	Other: _____

Additional information you wish to provide:

My signature certifies that this application was completed by me and that all entries on it are true and complete to the best of my knowledge.

Applicant's Signature (If contacted for an interview)

Date of Application

Please e-mail completed application to: application@superiortn.com

(OR)

Return completed application to: 3131 E. Governor John Sevier Hwy, Knoxville, TN 37914